

<b>REQUEST FOR ORAL HEARING</b> <b>BEFORE</b> <b>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 60889/HO-P02191US0/10104200
	In re Application of <span style="float: right;">Per Andersson et al.</span>	
	Application Number 09/674,457-Conf. #8539	Filed May 7, 1999
	For <span style="float: right;">MICROFLUIDIC DEVICE</span>	
	Art Unit <span style="float: right;">1743</span>	Examiner <span style="float: right;">D. K. Handy</span>
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p> <p>The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) <span style="float: right;">\$ <u>1,000.00</u></span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>06-2375</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor. <span style="float: right;">_____ /Melissa W. Acosta/ Signature</span></p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <span style="float: right;">_____ Melissa W. Acosta Typed or printed name</span></p> <p><input checked="" type="checkbox"/> attorney or agent of record. <span style="float: right;">_____ February 28, 2007 Date</span></p> <p>Registration number <u>45,872</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <span style="float: right;">_____ (214) 855-7163 Telephone number</span></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>		
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.		